

## UNITED STATES DISTRICT COURT

for the

District of Maryland 

JASON ALFORD, et al.

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*Plaintiff(s)*

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*Defendant(s)*

Civil Action No. 1:23-cv-00358

THE NFL PLAYER DISABILITY & SURVIVOR  
BENEFIT PLAN, et al.

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ROBERT SMITH  
 c/o Disability Board  
 200 Saint Paul St., Ste. 2420  
 Baltimore, MD 21202

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jason S. Rathod  
 412 H Street, N.E.  
 Suite 302  
 Washington, DC 20002

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Date: 02/10/2023

Signature of Clerk 

Civil Action No. 1:23-cv-00358

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) Robert Smith c/o Disability Board  
 was received by me on (*date*) 2/14/2023.

I personally served the summons on the individual at (*place*) \_\_\_\_\_  
 \_\_\_\_\_ on (*date*) \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with (*name*)  
 \_\_\_\_\_, \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (*date*) \_\_\_\_\_, and mailed a copy to the individual's last known address; or  
 Linda Johnston, Executive Assistant

I served the summons on (*name of individual*) 200 St. Paul Place, Suite 2420, Baltimore, MD 21202, who is  
 designated by law to accept service of process on behalf of (*name of organization*)  
Robert Smith c/o Disability Board on (*date*) 2/14/2023 2:07 PM; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other (*specify*): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 2/14/2023\_\_\_\_\_  
\_\_\_\_\_  
*Server's signature*

62441

Rodney Getlan, Process ServerPrinted name and titleP.O. Box 18647, Washington, DC 20036Server's address

Additional information regarding attempted service, etc:

Linda Johnston	Gender: Female	Race/Skin: White	Age: 60 yrs. old	Weight: 160 lb	Height: 5'6"	Hair: Brown/Gray
			Glasses: Yes	Other:		

Documents Served: Summons in a Civil Action, Class Action Complaint, Civil Cover Sheet